



Modified 02-03

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(to be used for all correspondence after initial filing)

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Application / Conf. No.	09/823,154 / 8118
Filing Date	March 29, 2001
First Named Inventor	Neil G. Jacobson
Examiner Name	Dwin M. Craig
Art Unit	2123
Patent No.	
Attorney Docket Number	X-777 US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (with Recordation Cover Sheet)	<input type="checkbox"/> After Allowance Communication to
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Declaration / Oath	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>)
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Affidavit(s)/declaration(s)	<input type="checkbox"/> Petition -	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> To Convert a Provisional Application	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Change Status to LARGE ENTITY	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	Copy of each reference (3)
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental)	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Substitute PTO-1449(s) IDS by Applicant (PTO/SB/08A)		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Customer Number	24309 (Customer Number)	Reg. Number 40,941
Attn:	Lois D. Cartier	
Signature		
Date	July 5, 2005	Charge any additional fees required/credit any overpayment to our Deposit Account Number: 24-0040

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Typed or Printed Name	Pat Slaback	
Signature		Date July 5, 2005

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**FEE TRANSMITTAL
for FY 2003**

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TOTAL AMOUNT OF PAYMENT (\$ 310.00)

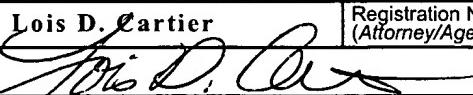
Complete if Known

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METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees any additional fees required, and credit any over payments to: <input checked="" type="checkbox"/> Deposit Account Deposit Account Number 24-0040 Deposit Account Name XILINX, INC.				3. ADDITIONAL FEES Large Entity Fee Fee Code (\$) Description Paid			
				1051	130	Surcharge - late filing fee or oath	
				1052	50	Surcharge - late provisional filing fee or cover sheet	
				1812	2,520	For filing a request for ex parte reexamination	
				1804	920*	Requesting publication of SIR prior to Examiner action	
				1805	1,840*	Requesting publication of SIR after Examiner action	
				1251	120	Extension for reply within first month	
				1252	450	Extension for reply within second month	
				1253	1020	Extension for reply within third month	
				1254	1,530	Extension for reply within fourth month	
				1255	2,080	Extension for reply within fifth month	
				1401	500	Notice of Appeal	
				1402	500	Filing a brief in support of an appeal	
				1403	1000	Request for oral hearing	
				1451	1,510	Petition to institute a public use proceeding	
				1452	110	Petition to revive - unavoidable	
				1453	1,370	Petition to revive - unintentional	
				1501	1,370	Utility issue fee (or reissue)	
				1460	130	Petitions to the Commissioner	
				1807	50	Petitions related to provisional applications	
				1806	180	Submission of Information Disclosure Stmt	\$180
				8021	40	Recording each patent assignment per property (times number of properties)	
				1809	790	Filing a submission after final rejection (37 CFR 1.129(a))	
				1810	790	For each additional invention to be examined (37 CFR 1.129(b))	
				1801	790	Request for Continued Examination (RCE)	
				Other fee (specify) Terminal Disclaimer (1.20(d))			\$130
SUBTOTAL (1) (\$ 0.00)				SUBTOTAL (3) (\$ 310.00)			
*Reduced by Basic Filing Fee Paid							

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Lois D. Cartier	Registration No. (Attorney/Agent)	40,941	Telephone	720-652-3733
Signature				Date	07-05-2005

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, Virginia, 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450.